

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-008687

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

2633

FILED MAR 15 1962

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN

St. Louis

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION

De Paul Hospital

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE b. COUNTY

Missouri

c. CITY OR TOWN

St. Louis

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

2321 University St.

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED (Type or print)

First

Middle

Last

4. DATE OF DEATH

Month

Day

Year

August

J

Schneider

March

6,

1962

## 5. SEX

Male

## 6. COLOR OR RACE

White

## 7. Married

Widowed ☐ Never Married ☒ Divorced ☐

## 8. DATE OF BIRTH

1/25/1883

## 9. AGE (last birthday)

79

## IF UNDER 1 YEAR

Months

Days

Hours

Min.

## IF UNDER 24 HR

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Beveler

## 10b. KIND OF BUSINESS OR INDUSTRY

Glass Industry

## 11. BIRTHPLACE (City and state or country)

Indiana

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

Joseph B. Schneider

## 13b. MOTHER'S MAIDEN NAME

Barbara Schaaf

## 14. NAME OF HUSBAND OR WIFE

Kathryn Lawton Schneider

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

(If yes, give war or dates of service)

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT (Wife)

Address

Kathryn Schneider 2321 University St.

## 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

### IMMEDIATE CAUSE (a)

Transitional cell carcinoma, urinary bladder

## INTERVAL BETWEEN ONSET AND DEATH

15 months

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

### DUE TO (b)

### DUE TO (c)

1810

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour

a.m.

p.m.

## Month, Day, Year

## 20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from January, 1957 to March 6, 1962 and last saw her alive on March 6, 1962

Death occurred at 7 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

John T. Lawton, M.D.

## 22b. ADDRESS

634 N. Grand Blvd.

## 22c. DATE SIGNED

March 7, 1962

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

3/9/1962

## 23c. NAME OF CEMETERY OR CREMATORY

Calvary Cemetery

## 23d. LOCATION (City, town, or county)

St. Louis

Missouri

## 24. FUNERAL DIRECTOR

ADDRESS

E.J. Schnur

3125 Lafayette Ave.

## 25. DATE RECD. BY LOCAL REG.

MAR 8 1962

## 26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF MEDICAL CERTIFICATION DOCUMENT

ITEM NO.

VS 300  
Rev. 4/59

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DATE AMENDED

2-20-62

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Jon B. Vollmer

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.